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No. FILED AND RECORDED AT REQUEST OF FRANK SIMKINS APRIL 4, 1980 AT 15 MINUTES PAST 9 O'CLOCK P.M. IN BOOK 36 OF OFFICIAL RECORDS, PAGE 298 LINCOLN COUNTY, NEVADA. [Signature] COUNTY RECORDER

AFFIDAVIT- DEATH OF JOINT TENANT

STATE OF NEVADA)
: SS
COUNTY OF LINCOLN)

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FRANK WALDO SIMKINS, being first duly sworn, deposes and says;

THAT he is the surviving son of LAURA MAE SIMKINS, who died on March 18, 1980, at St. George, Utah;

That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:

All the East half (E 1/2) of lot numbered Two (2) in Block Numbered Twenty-three (23) in the Town of Panaca, as shown on the official plat of said town, now on file in the office of the County Recorder of said Lincoln County, Nevada.

Together with any and all improvements and buildings situate thereon.

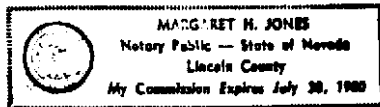
That proof of death is affixed hereto as Exhibit "A" in the form of a certified copy of the death certificate and affiant claims the above described property as sole and separate property prusuant to Nevada Revised Statutes 40.470 (5)

Dated: April 4, 1980

[Signature of Frank Waldo Simkins]
Affiant

Subscribed and sworn to before me this 4th Day of April 1980.

[Signature of Margaret H. Jones]
Notary Public



STATE OF UTAH

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

STATE OF UTAH - DIVISION OF HEALTH

LOCAL FILE NUMBER		NAME OF DECEDENT FIRST MIDDLE LAST Laura Mae Sinkine		SEX Female	DATE OF DEATH March 16, 80
WAS DECEDENT OF SPANISH ORIGIN? YES NO Mexican Puerto Rican Cuban Other		DATE OF BIRTH (Mo. Day Year) Feb. 20, 1910		AGE 70	
BIRTHPLACE (State or foreign country) California		CITIZENSHIP U.S.A.		EDUCATION (Specify only highest grade completed) 7	
USUAL OCCUPATION (Give kind of work done during most of working life seen & listed) Housewife		KIND OF BUSINESS OR INDUSTRY		NAME OF SURVIVING SPOUSE (If wife, enter maiden name) [Redacted]	
NAME OF FATHER Watson Vander Sparks		MAIDEN NAME OF MOTHER Mary Luella Proxm		Was decedent ever in U.S. Armed Forces? YES NO	
USUAL RESIDENCE - (Street and number of location and zip code) P.O. Box 275		INSIDE CITY LIMITS? YES NO		NAME & MAILING ADDRESS OF INFORMANT Waldo Sinkins P.O. box 275 Panaca, Nevada	
CITY OR TOWN Panaca		COUNTY Lincoln		STATE Nevada	
NAME OF HOSPITAL, nursing home or other institution where death occurred, if outside of jurisdiction, give street address or location Dixie Medical Center		CITY OR TOWN St. George		COUNTY Washington	
MEDICAL EXAMINER (I hereby certify that to the best of my knowledge that all information stated above is true and correct as far as the causes stated below based on examination of the body and/or investigation of the circumstances) Specimens were pronounced dead at: HOUR DATE PHYSICIAN (I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, that I attended the decedent and I list the decedent above on: MONTH DAY YEAR If not certified by medical examiner, was death reported to him? YES NO Enter the date and hour reported (24 hour clock): 22 HOUR MO DAY YEAR		CERTIFIER'S name and title (Type of print) Dr. M.K. McGregor		DATE SIGNED (Mo. Day Year) 3/17/1980	
CERTIFIER'S address and no. code 620 So. 400 E. St. George, Utah		UTAH PHYSICIAN LICENSE NUMBER 2677		FURNERAL HOME - Name, address and license number Spilsbury and Graff Mortuary	
NAME AND LOCATION OF CEMETERY OR CREMATORY Panaca City Cemetery - Panaca, Nv.		LOCAL REGISTRAR - (Signature) Ray G. Lowley M.D.		Date accepted for registration by local registrar	
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (If more than one, list all) (A) <i>Myocardial infarction due to coronary artery disease</i> CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST (B) <i>hypertension</i> (C) <i>arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>	
PART II OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I		AUTOPSY YES NO		IF YES, were findings considered in determining cause of death? YES NO	
LOCATION OF INJURY - STREET AND NUMBER OR LOCATION AND CITY OR TOWN		DATE OF INJURY (Mo. Day Year)		TIME OF INJURY (24 hour clock)	
DESCRIBE HOW INJURY OCCURRED (nature, sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)		INJURY AT WORK? YES NO		PLACE OF INJURY (Specify home, farm, factory, highway, street, office buildings, etc.)	

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as Amended.
Date Issued: MAR 24 1980
COUNTY SOUTHWESTERN UTAH
DIST. HEALTH DEPT.
REGISTRAR Ray G. Lowley M.D.
John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS
BY: MFB

